Reported Experiences with Prescribed and Non-Prescribed Buprenorphine-Naloxone Use Among Clients in Peer-Support, Residential, Abstinence-Based Recovery Centers Statewide in Kentucky

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Disclosure Statement

- **Quinn T. Chipley, M.A., M.D., Ph.D.** has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.

Acknowledgements

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Overall Objective

- **To examine characteristics and experiences of bup-nx use among poly-substance users who have elected to enter peer-support residential recovery communities sponsored through Recovery Kentucky, The Healing Place and Hope Center**
  - **Limitations: This is study which reports descriptive statistics for this particular population and which does not compare the gathered data to other populations.**

MOTIVATION FOR, AND DEVELOPMENT OF, THIS STUDY

Staff and volunteers at varied levels of professional training had listened carefully to clients' stories of prior drug use and treatment experience. These clients had entered both the male and female recovery communities of The Healing Place in Louisville, Kentucky. Many reported considerable use of Bupe-NX prior to entering those recovery communities.

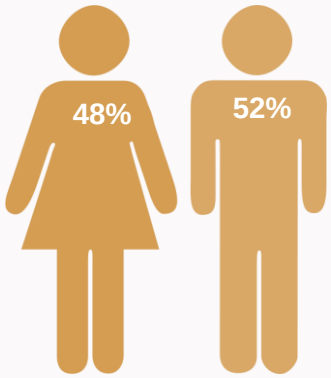
A Louisville-area study group became interested in these anecdotes and approached the standing RCOS study directors at CDAR with UK. The RCOS study is authorized to collect, analyze and report on data for both the 13 Recovery Kentucky Centers of the Kentucky Housing Corporation and The Healing Place campuses and holds the IRB for such study. The research consortium developed the method to turn the untracked anecdotes into reliable descriptive statistics *via* face-to-face, structured interviews.

Method

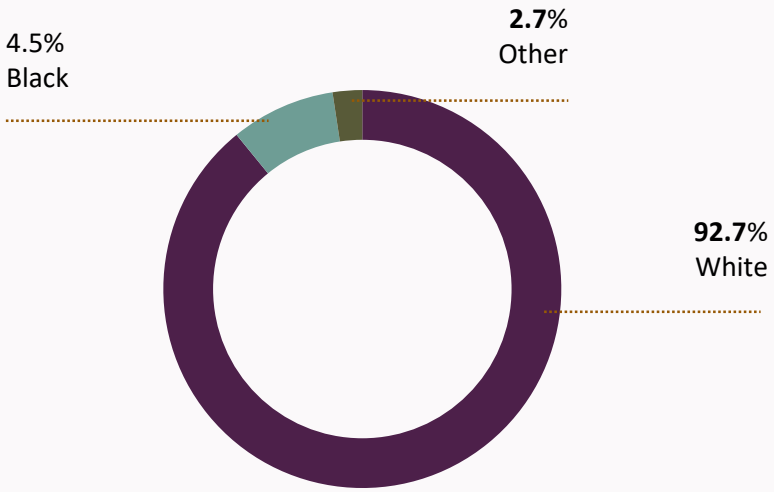
- These data are drawn from the Center for Drug and Alcohol Research of University of Kentucky (CDAR) in their collaboration with Recovery Kentucky, The Healing Place, and Hope Center and are Part of a larger Intake Assessment.
- Intake assessment data are collected at Phase I by program staff, which usually places the subjects in about the second or third month of participation with the “Off The Street” introduction to community life and at the beginning of “Phase 1” of active engagement in the learning and actions of abstinence-based recovery.
- The assessment is face-to-face with the interviewer recording the answers and asks the subjects to self-report on their remembered experiences during the 6 months before their entry into the “Off the Street” program.
- Data was collected for 1,674 subjects, September 1, 2015 to October 13, 2016

Subject Characteristics (n = 1,674)

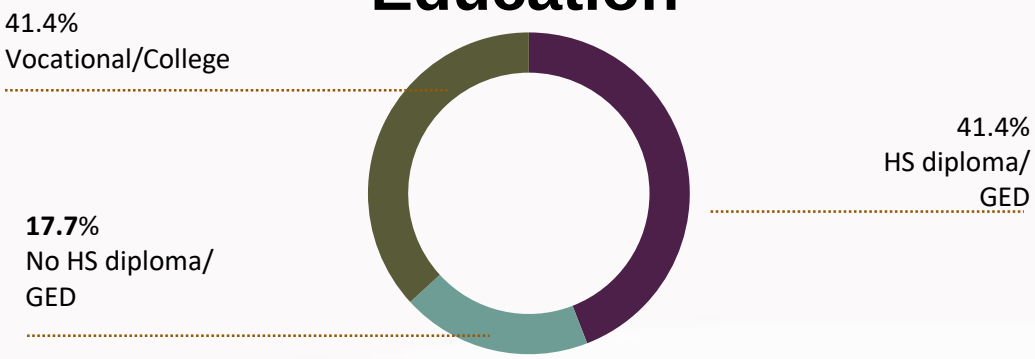
Gender



Race

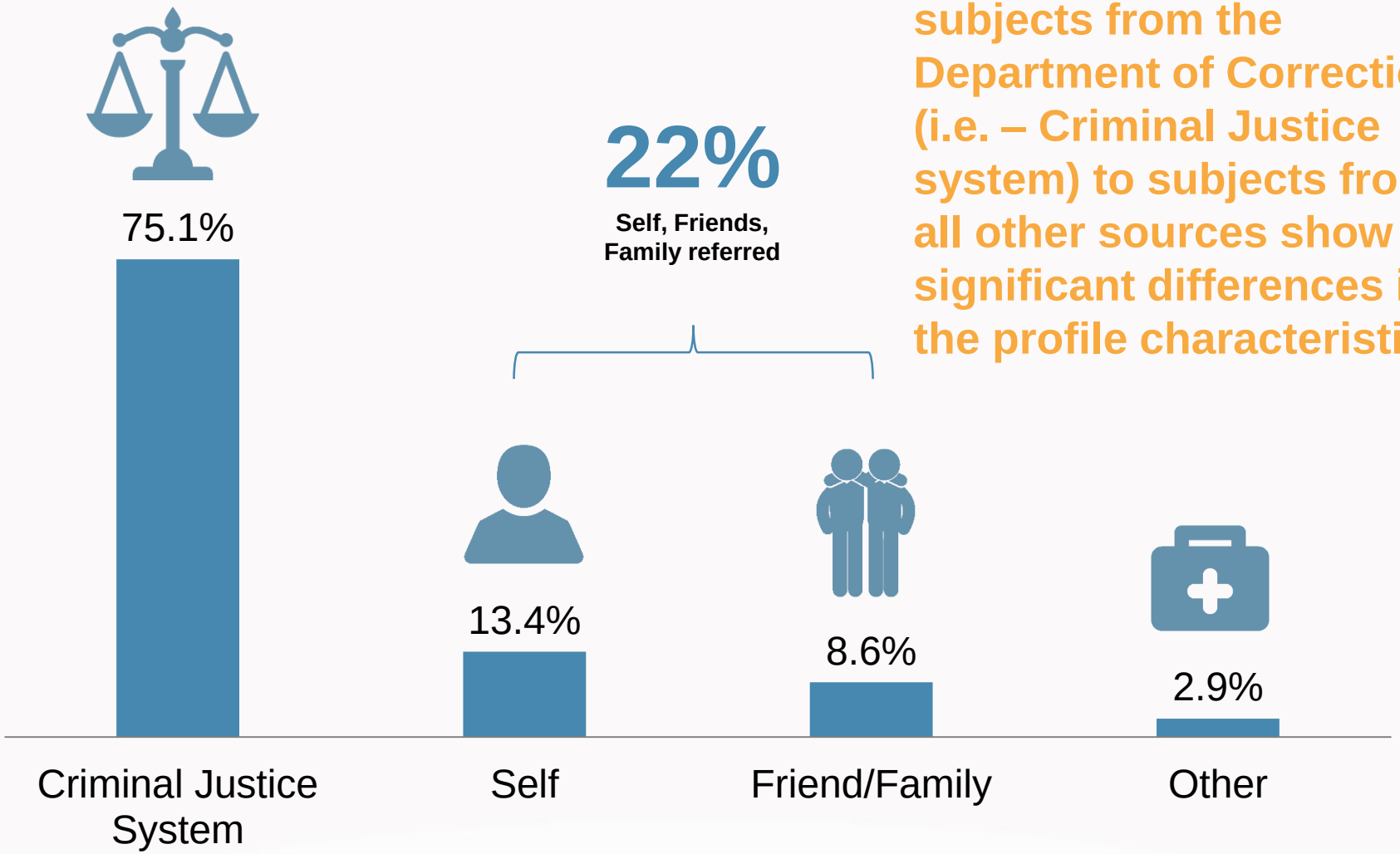


Education



33 years
Mean Age (18-67)

Referred by



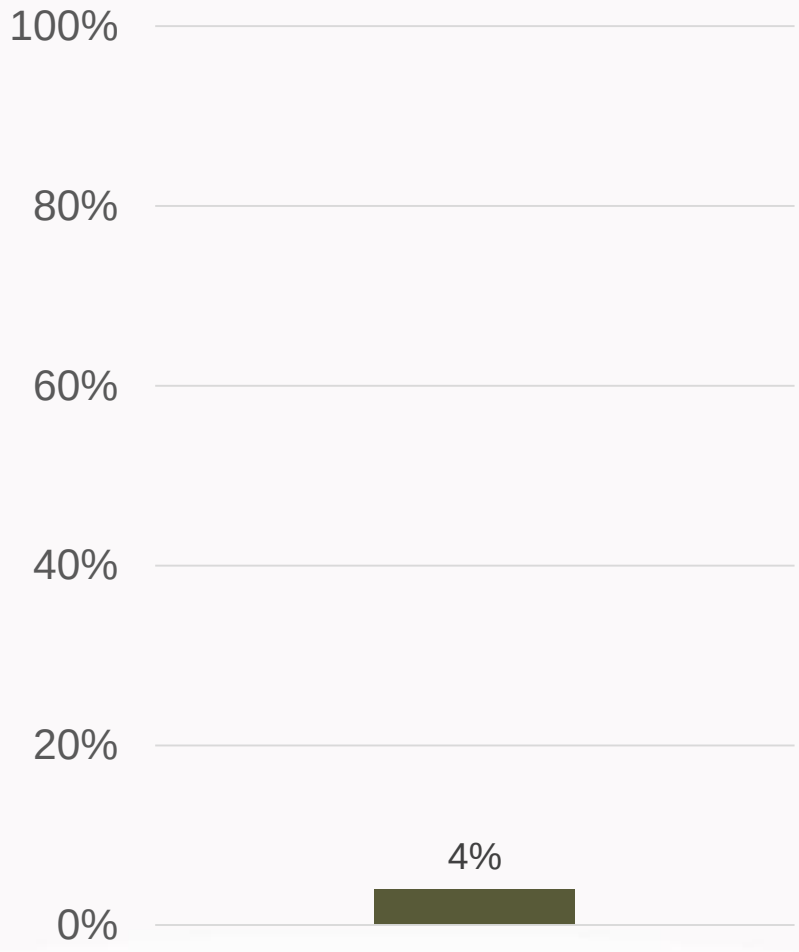
Statistical comparison of subjects from the Department of Correction (i.e. – Criminal Justice system) to subjects from all other sources show no significant differences in the profile characteristic.

If all drugs and alcohol would have been equally available to you, what were your three preferred substances?:	
Listed as preferred drug:	
Alcohol	39.7%
Marijuana	40.2%
Opiates, prescription pain killers	57.5%
Methadone	8.5%
Suboxone	15.7%
Heroin	42.2%
Sedatives, tranquilizers, barbiturates	15.9%
Stimulants, methamphetamine	37.1%
Cocaine	19.7%
Other drugs (hallucinogens, inhalants, synthetic drugs)	6.2%

The problems in my life caused by substance use are primarily due to:	
Alcohol use	**7.6%**
Drug use	**54.6%**
Both	**37.8%**
Percentage of the total who had ever used buprenorphine:	**60.7%**

Of those who have used buprenorphine: If all drugs and alcohol would have been equally available to you, what were your three preferred substances:	(n = 1,016)
Listed as preferred drug:	
Alcohol	29.7%
Marijuana	31.9%
Opiates, prescription pain killers	66.0%
Methadone	11.3%
Suboxone	23.7%
Heroin	54.5%
Sedatives, tranquilizers, barbiturates	17.2%
Stimulants, methamphetamine	36.0%
Cocaine	18.6%
Other drugs (hallucinogens, inhalants, synthetic drugs)	4.5%

Used Only Opioids In the Past 6 Months & Only Listed Opioids as Preferred Drugs*



*Does not exclude alcohol use

If ever used buprenorphine, a) how did you obtain it and b) how long did you stay on it?	RCOS (n = 985)
By Prescription Only	5.6%
By Illegal Access Only	62.6%
By both Prescription and Illegal Access	31.8%
How long did you take buprenorphine (average):	496 days

Of those who received prescriptions from a doctor:	(n = 368)
Doctor recommended use:	
Only for detoxification from other drugs	7.9%
For long-term use in order to stay away from other drugs	36.4%
For both detoxification and for long-term use to stay away from other drugs	37.8%
The doctor did not discuss a purpose and time length	9.0%
I do not remember	9.0%

When thinking about your conversations with the doctor or about your use of buprenorphine:	(n = 368)
The doctor advised you to attend recovery support meetings	59.2%
The doctor advised you to get counseling from a substance abuse treatment professional	60.6%
The doctor gave you counseling about substance use in addition to prescribing the medication	62.8%
You took others drugs or alcohol to get high while taking the prescribed buprenorphine	76.4%
You sold, traded, or gave away any of the buprenorphine that was prescribed to you	78.3%

When you were using the drug buprenorphine under a doctor's care:	(n = 368)
It stopped your craving	71.7%
It prevented withdrawal symptoms	92.1%
It gave you a satisfactory high	53.5%
It made other drugs feel more powerful	28.5%
It made other drugs have less effects on you	72.3%
It freed you up from having to hustle for drugs	68.5%
It helped you in any way at all	78.0%

	(n = 1,016)
What are the main reasons you stopped using buprenorphine:	
The cost was too great	27.0%
Treatment program did not allow the drug	13.3%
The drug was not helping	39.4%
Could not easily get to the clinic or doctor where it was prescribed	20.4%

	(n=1,016)
Ever bought or received buprenorphine from someone without having a prescription	94.4%

Of those who used without a prescription: When thinking about your use of buprenorphine without a prescription,	(n = 930)
Used buprenorphine to get through rough days until you could get preferred drug of choice	87.1%
Used buprenorphine to get high, to get a buzz, or to feel euphoria	79.2%
Found you could get higher by increasing the amount of buprenorphine you took	60.6%
Used information you got from other people about how you could increase the high from using buprenorphine	60.9%
Used information from the internet to learn how you could increase the high from using buprenorphine	34.9%
Ever overdosed when combining buprenorphine with another drug or alcohol	8.2%

	(n=1,016)
Overall, do you think your use of buprenorphine: (Forced choice of the three options.)	
Helped you treat your drug problems	**24.9%**
Had no effect on your drug problem	**36.5%**
Made your drug problem worse	**38.6%**

CONCLUSIONS

While these self-reports about the uses of buprenorphine do not refute the possible effectiveness of buprenorphine-naloxone in highly-controlled settings and for people who have Opioid Use Disorder with no admixture of Polysubstance Use Disorder traits, the reports raise concerns about how the drug-using community understands and uses buprenorphine and raise concerns about the public-health risk of Outpatient Based Opioid Treatment. The findings reveal for this sample of persons who have finally chosen to engage in drug-free recovery, that

1) buprenorphine has in earlier episodes of their lives been experienced much like any other euphoria-inducing drug,
2) that approximately 75% either no therapeutic benefit or even experience a worsened condition from its use, and
3) that the medication was diverted by over 80% of those who had prescription access that 94% of Bupe-Nx users had obtained it at some point without prescription access

THESE FINDINGS COMPARED TO THE BUPE-NX LITERATURE

Diverted use is no surprise. Up to 25% of doses in France in 2006 were documented to have been diverted into illicit markets.

(Soyka M (2014) “Buprenorphine Use and Risk of Abuse and Diversion.” *Adv Pharmacoepidemiol Drug Saf* 3:145.)

Continued poly-substance abuse while taking Bupe-NX in this population is no surprise. Early outpatient clinical studies identified this pattern in patients with outpatient, unmonitored use of Bupe-Nx.

(Ling W, Charuvastra C, Collins J, Batki S, Brown LS, Jr, Kintaudi P, Wesson DR, McNicholas L, Tusel DJ, Malkerneker U, Renner JA, Jr, Santos E, Casadonte P, Fye C, Stine S, Wang RI, Segal D. “Buprenorphine maintenance treatment of opiate dependence: A multicenter, randomized clinical trial.” *Addiction* 1998; 93(4):475–486.)

Abuse-to-achieve-euphoria is no surprise. The ceiling-effect for euphoria does not operate until a dose of 32 mg., well beyond the normal clinical maintenance doses. Bupe-nx with other substances interacts to increase euphoria.

(Walsh SL, Preston KL, Bigelow GE, Stitzer ML (1995) “Acute administration of buprenorphine in humans: partial agonist and blockade effects.” *J Pharmacol Exp Ther* 274:361–372.10)

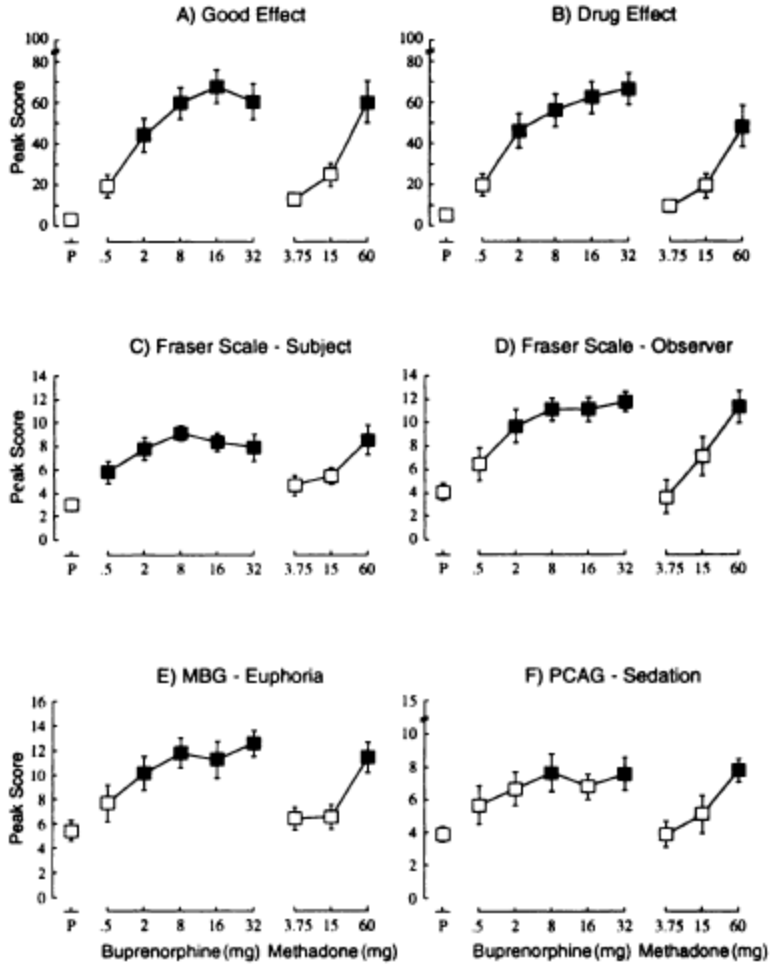


Fig. 2. Mean scores (n = 9) are shown for the peak ratings of the subject-rated visual analog measures of good effect and drug effect, Fraser adjective scale rated by the subjects and the observers and the MBG and PCAG subscales of the ARCI. ■, significant differences from placebo treatment according to Tukey posthoc tests ($P < .05$). Maximum possible scores are shown on the y-axis. Vertical bars, ± 1 S.E.M.

Walsh SL, Preston KL, Bigelow GE, Stitzer ML (1995) "Acute administration of buprenorphine in humans: partial agonist and blockade effects." J Pharmacol Exp Ther 274:361–372

THANK YOU!

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